

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA

In re:)
)
) Case No.
)
Debtor(s))

CERTIFICATE OF SERVICE:
NOTICE OF CORRECTED SOCIAL SECURITY NUMBER(S)
OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER(S)

I hereby certify that on (date) the attached Notice of Corrected Social Security Number(s) or Individual Taxpayer Identification Number(s) was sent by first class U.S. mail, postage prepaid and properly addressed, to the following:

(List all creditors and entities that have appeared with mailing addresses.)

(Note: Because the document filed electronically with the Court should not have the full number, but only the last four digits, service of the notice cannot be accomplished electronically through the Court's Electronic Case Filing System.)

/s/ Counsel for Debtor(s)
Counsel for Debtor(s)
(required signature block)

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**NOTICE OF CORRECTED SOCIAL SECURITY NUMBER(S)
OR INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER(S)**

PLEASE TAKE NOTICE THAT the [social security number(s) or taxpayer identification number(s)] for [name(s) of affected debtor(s)] on the notice of this bankruptcy (was/were) incorrect.

The correct [SSN(s) or ITIN(s)] for debtor(s) (is/are):

[List correct social security or tax identification number(s).]

(Note: Redact all but the last four digits of the SSN/ITIN before filing with the Court.)

/s/ Counsel for Debtor(s)
Counsel for Debtor(s)
(required signature block)